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APPLICATION NO.	FILING DATE	FILING DATE .			OR ATTORNEY DOCKET NO.			CONFIRMATION NO.
10/653,308	10/653,308 09/02/2003				ovsky CU-3344 RJS			2775
TITLE OF INVENTION	I: DENTAL HANDPIEC	E						
APPLN. TYPE	SMALL ENTITY	· ISS	SUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUI	E FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES		\$700	\$300	\$0		\$1000	02/07/2007
EXAM	IINER		ART UNIT .	CLASS-SUBCLASS				
WILSON, JOHN J			3732	433-130000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  2. For printing on the patent front page, list  (1) the names of up to 3 registered patent attorneys  1 Synnestvedt & Lechner LL								
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5. Change in Entity State  a. Applicant claims	SMALL ENTITY status		CFR 1.27.	☐ b. Applicant is no longe	r claiming SMAL	. FNTIT	V status See 37 CFE	0.1.27(a)(2)
NOTE: The Issue Fee and interest as shown by the re	Publication Fee (if requi	red) wi s Paten	ll not be accepted	from anyone other than the	applicant; a regist	tered atto	mey or agent; or the	assignee or other party in
Authorized Signature _		<u> </u>	· A	<u></u>	Date Fel	bna	~ 1,200	7
Typed or printed name Joshua R. Slavitt Registration No. 40,816								
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